Supine magnetic resonance imaging (MRI) is routinely used in the assessment of low back pain and radiculopathy. However, imaging findings often correlate poorly with clinical findings. This is partly related to the positional dependence of spinal stenosis, which reflects dynamic changes in soft-tissue structures (ligaments, disc, dural sac, epidural fat, and nerve roots). Upright MRI in the flexed, extended, rotated, standing, and bending positions, allows patients to reproduce the positions that bring about their symptoms and may uncover MRI findings that were not visible with routine supine imaging. Assessment of the degree of spinal stability in the degenerate and postoperative lumbar spine is also possible. The aim of this review was to present the current literature concerning both the normal and symptomatic spine as imaged using upright MRI and to illustrate the above findings using clinical examples [1].

1)
Alyas F, Connell D, Saifuddin A. Upright positional MRI of the lumbar spine. Clin Radiol. 2008 Sep;63(9):1035-48. doi: 10.1016/j.crad.2007.11.022. Epub 2008 Mar 12. PMID: 18718234.